

# EXHIBIT 125

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Mariconchi Rivera Negrón

Participant's Address:

P.O. Box 132 Villalba, P.R. 00766

✓ Participant's Email Address: mariconchir@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

PR 1845 SRF 55176 PackID: 124504 MMLID: 452080-P SVC: MML-PC  
RIVERA NEGRON, MARICONCHI  
PO BOX 132

Nature of Claim:

VILLALBA PR 00766

✓ By: Mariconchi Rivera Negrón  
Signature

Mariconchi Rivera Negrón  
Print Name

Técnique Rehabilitación Vocacional P.R.  
Title (if Participant is not an individual)

2-ago-21  
Date

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AUG 09 2021

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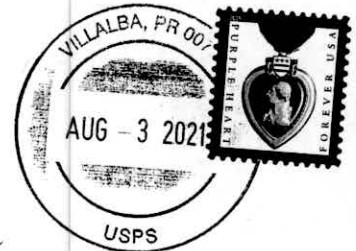
**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Mari conchi Rivera Negrón  
P.O. Box 132  
Villalba, P.R. 00766

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